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ISSUES FOR DEBATE

Professing nursing as an emancipatory practice: A response to Betts, C.E., The critical practice of professing nursing: A contribution to the professors of nursing debate, *Nurse Education in Practice* (2008), doi:10.1016/j.nepr.2008.08.001

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I read with interest the latest instalment in the ongoing debate that followed from Thompson and Watson's editorial on the role of the professor of nursing (Thompson and Watson, 2006). Betts, who originally penned an editorial in response to theirs, takes issue in his latest paper (Betts, 2008) both with Thompson and Watson and also with my reply to them (Rolfe, 2007). Unsurprisingly, I find myself in broad agreement with Betts; indeed, my only real cause for disagreement is with his assertion that we disagree. I should perhaps add as a caveat that it depends on which Betts I am referring to, since his original editorial (Betts, 2006) and his later paper (Betts, 2008) are so widely divergent, and even contradictory, that I am beginning to suspect that there might be two Clinton Betts at McMasters University.¹

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¹ Whilst I accept fully that we all adapt and modify our thinking over time in response to a variety of factors, it seems to me that Betts has fundamentally revised his position in several key aspects relating to this ongoing debate. Given that his later paper is presented as building on his earlier one, I am a little surprised that he has left it to others to point out these discrepancies between the Betts of 2006 and the Betts of 2008.

There are two substantive issues where Betts claims to disagree with me. He cites my earlier rejoinder to Thompson & Watson's editorial (Rolfe, 2007), where I state that 'Nursing is a technological discipline, more akin to engineering than physics, and the role of the nursing professor is therefore not primarily to 'do' nursing but to facilitate others to do so' (Rolfe, 2007, cited in Betts, 2008). Here, then, are Betts' two points of disagreement with my position: firstly my claim that nursing is a technological discipline; and secondly that the primary role of the nursing professor is to facilitate others to do nursing.

Nursing studies as a technological discipline

There are several points I would wish to make regarding Betts' objections to my position. Firstly, he cited me out of context. The above quote was, in fact, a brief summary of a more substantive point from earlier in my paper, where I made the distinction between the *practice* of nursing by nurses, and the *academic discipline* of nursing by academics. What I was actually claiming, as I said

earlier in my paper, was that 'the *academic discipline* of nursing is more akin to an applied technology than a 'pure' subject to be studied for its own sake' (Rolfe, 2007, italics added). My point was not that nursing practice is a technology (although I think it is in danger of becoming one), but that the academic discipline of nursing studies has a great deal in common with other technological subjects such as engineering. In most of the so-called 'pure' academic disciplines such as sociology and physics, there is no distinction between the practitioner and the academic: when academic sociologists or physicists research and write, they are actually *doing* sociology or physics, since researching and theorising is, more or less, what the practice of sociology and physics *is*. It is, however, difficult to make the same argument for the academic discipline of nursing. Can I really claim that, in writing this paper, I am doing nursing? Or, as Betts appears to be implying in the title of his paper (Betts, 2008), is the practice of nursing distinct and separate from the practice of *professing* nursing? The Betts who was writing in 2006 would seem to agree with me that doing nursing and being a nurse academic are two different things to the extent that he gave them two different names: nursing and nursism, making a similar claim to mine that nursism is 'unlike medicine, psychology, sociology and what not...'.

However, he appeared to go further: unlike me, he seemed to be claiming that the practice of *nursing* itself is a technology, or something very like one. Whilst on the one hand claiming that 'nursing does not exist' (Betts, 2006), he added that 'this does not mean that we cannot define nursing', suggesting that:

Nurses are those individuals who carry out the explicit or implicit will of physicians. This is to say that nurses are those individuals who realize through diverse actions, tasks, procedures, psycho-motor skills the directives, however removed, of bio-medical decision-making. (p244)

Nurses, in other words, do what they are told to do by physicians. If this is not a perfect description of technicians, then I do not know what is.

By the time he came to write his second paper, all reference to 'nursism' had disappeared, along with his original claim that 'nursing does not exist', and he was claiming instead that 'nursing is not a "technological discipline" rather it is a human responsiveness discipline that has significant technological features to it' (Betts, 2008). He then offered his now preferred 'explicitation' of nursing from the American theorist William Cody that 'it is the best and most fundamental model in contem-

porary society for truly caring for *the other*' (Cody 2003, cited in Betts, 2008, his italics). I am not entirely sure of his distinction between a technological discipline and a 'discipline that has significant technological features to it'. However, in the intervening years between his first and subsequent papers, nursing appears to have shifted for Betts from not existing to being 'vitaly important to humankind' (Cody 2003, cited in Betts, 2008) and from being 'a series of tasks, procedures, psycho-motor skills and directives' to being a fundamental model for caring. My personal view is that he was probably more accurate the first time.

Nursing professors and the development of nursing practice

Let us move, then, to the second aspect of Betts' disagreement with my position. I argued that 'the primary role of the professor of nursing is to enable, facilitate and support practising nurses in setting and meeting *their own* educational, research and practice agendas' (Rolfe, 2007, italics in original). This position is, I believe, a natural consequence of the separating out of nursing practice and nursing studies as two different and largely distinct activities carried out by two different and largely distinct groups of people. To refer to what I and people like me do as 'nursing' is misleading, and to suggest that I might be able to tell practising nurses with many years of experience how to do it better is not only unhelpful but also somewhat insulting to the people who *actually do* nursing. Furthermore, nursing practice based on carrying out the will of academic theorists and researchers (rather than, as Betts suggests, the will of physicians) really would reduce nurses to little more than technicians. Thus, my role as I see it is to enable, facilitate and support practitioners in becoming their *own* theorists and researchers, and I referred to this in my paper as 'practice development'.

Betts appears to have missed this point in my paper, characterising my position as to 'simply supply knowledge, evidence, research and skill in an effort to get [practice] done' (Betts, 2008). This, as I hope I have demonstrated, is the very opposite of what I wrote: to reiterate, my aim as a professor of nursing is not to *simply supply* knowledge etc., but to facilitate practitioners to develop their *own* knowledge, evidence, research and skill. Part of this aim is, of course, consistent with Betts' notion that 'it is the job of the professor of nursing to relentlessly, perhaps even radically, prevent students and practitioners from assuming that

practice is what it is' (Betts, 2008), although I am unsure quite what his position is on this matter. He begins a paragraph with the view that 'the role of the nursing professor *is not* to facilitate practice' but to offer 'emancipatory critique', and ends the same paragraph with the assertion that 'in short, facilitating practice *is* an emancipatory enterprise' (Betts, 2008, my italics). Furthermore, I would question his assertion that emancipation can come about through *relentlessly and radically preventing* anyone from doing anything.

However, putting aside the question of whether emancipatory critique does or does not count as the facilitation of practice (or, as I would claim, practice development), Betts appears fairly certain in his claim that the real job of the professor of nursing 'is the critique of nursing and the socio-political context in which it occurs, in a word – emancipation' (Betts, 2008). Well, of course it is, and what could be more emancipatory than freeing nurses from dependence on academics (and, indeed, physicians) for their knowledge, theories

and other directives. However, I would argue that he does not go nearly far enough. Critique is only the first stage of the job of a nursing professor; true emancipation lies in providing the intellectual tools and resources to enable practising nurses to develop and publish their own critique of nursing and of their socio-political position in it; that, surely, would be full emancipation, and sums up perfectly what I regard as practice development.

References

- Betts, C.E., 2006. Why nursing does not exist. *Nurse Education in Practice* 6 (3), 243–245.
- Betts, C.E., 2008. The critical practice of professing nursing: a contribution to the professors of nursing debate. *Nurse Education in Practice* 9, 288–293.
- Rolfe, G., 2007. Nursing scholarship and the asymmetrical professor. *Nurse Education in Practice* 7, 123–127.
- Thompson, D.R., Watson, R., 2006. Professors of nursing: what do they profess? *Nurse Education in Practice* 6, 123–126.

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